

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033093

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 272 Primary Registration District No. 5912 Registrar's No. 29

FILED SEP 4 1963

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILL.</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Hwy 61</b>		c. CITY OR TOWN <b>Granite City</b> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 mi N of Steele, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>2449 Woodlawn</b> Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Raymond</b> Last <b>Randolph</b>		4. DATE OF DEATH Month <b>Aug</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/30/18</b>
9. AGE (last birthday) <b>45</b>		10. IF UNDER 1 YEAR: Months <b>4</b> Days <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even, if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Church of God</b>	
11. BIRTHPLACE (City and state or country) <b>South Carolina</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Chester Randolph</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mildred</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Pem. County Sheriff Office</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Skull</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Automobile Accident</b>	
20c. TIME OF INJURY Hour <b>2:45</b> a.m. <b>8-26-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Not Hwy #61</b>	
20f. CITY, TOWN, OR LOCATION <b>New Steele Pemiscot, Mo.</b>		20g. COUNTY <b>Madison</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>James G. Johnson, L.C.</b>	
22b. ADDRESS <b>Wassell, Mo.</b>		22c. DATE SIGNED <b>8-27-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug. 27, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	23d. LOCATION (City, town, or county) <b>Edwardsville, Ill</b>
24. FUNERAL DIRECTOR <b>LaForge Und. Co. Caruthersville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-26-63</b>	
26. REGISTRAR'S SIGNATURE <b>Cather Callena</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO.

VS 300. Rev. 4/59  
1 0780  
2 9120  
3  
4  
5 1  
6  
7 1  
8 2  
9 X  
10  
11 078  
12 91-3  
13 4-0

Edwardsville, Illinois  
Madison, Illinois

Aug. 29, 1963  
Edwardsville, Illinois

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

Permit issued  
8-26-63  
E.C.

NOV 1 1963

SEP 12 1963

OCT 2 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Noel C. Dean*

Licensed Embalmer No.

*3941*

P. O. Address

*Cornthamille  
Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.